Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

ΑI	For the	e 2009 calendar year, or tax year beginning $\mathrm{JUL}1,2009$	<u>J</u> UN 30, 2010	
В	Check if applicable	Inselie M220CIAIED 210DENI2 CALIFORNIA 21AIE	D Employer identific	cation number
	Addres			
	Name change Initial	Doing Business As		293800
	return ☐Termir ated	Specific Instruct 9001 STOCKDALE HIGHWAY		664-2418
	Ameno return	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,570,919.
	Applic	BARERSFIELD, CA 95511	H(a) Is this a group re	
	pendir	F Name and address of principal officer: JOHN HULTSMAN	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No
		empt status: X 501(c) (3	If "No," attach a	list. (see instructions)
		te:▶ WWW.CSUB.EDU/ASI	H(c) Group exemption	
K	Form of	forganization: X Corporation Trust Association Other LY	ear of formation: 1987 N	🛮 State of legal domicile: CA
P	art I	Summary		
Ð	1	Briefly describe the organization's mission or most significant activities: TO ESTAB	LISH REPRESEN	TATIVE
au c		GOVERNMENT AND IMPROVE THE QUALITY OF STUDEN	r life by pro	MOTING
Governance	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	27
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		27
es	5	Total number of employees (Part V, line 2a)	5	0
Activities		Total number of volunteers (estimate if necessary)		0
∖ cti		Total gross unrelated business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		
nue	9	Program service revenue (Part VIII, line 2g)	2,451,882.	2,561,263.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,633.	9,057.
<u> </u>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	955.	599.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,491,470.	2,570,919.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
S	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	71,917.	93,646.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
ф	b	Total fundraising expenses (Part IX, column (D), line 25)		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,829,350.	2,522,810.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,901,267.	2,616,456.
	19	Revenue less expenses. Subtract line 18 from line 12	-409,797.	-45,537.
Net Assets or Fund Balances	3		Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	1,221,627.	1,211,481.
ASS	21	Total liabilities (Part X, line 26)	224,361.	259,752.
File	22	Net assets or fund balances. Subtract line 21 from line 20	997,266.	951,729.
Pá	art II	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowledge	ge and belief, it is true, correct,
		and complete book and on propagation of many more and any more and any more	ag 0.	
Sig	ın			
Hei	re	Signature of officer	Date	
		JOHN HULTSMAN, INTERIM V.P. STUDENT AFFAIT Type or print name and title	RS	
<u> </u>		Preparer's Date		er's identifying number structions)
Pai		signature	self- employed ► [(see ins	5. 25.10110 _j
	parer's	Trimsname of DANTELLIS PHILLIPS VAUGHAN & BOCK	EIN ▶	
Use	Only	self-employed), 300 NEW STINE ROAD		
		address, and ZIP + 4 BAKERSFIELD, CA 93309	Phone no. ▶ 6	61-834-7411
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)	1	X Yes No

	ASSOCIATED STUDENTS CALIFORNIA STATE			_
	990 (2009) UNIVERSITY BAKERSFIELD	77-029	3800	Page 2
Pai	rt III Statement of Program Service Accomplishments			
1	Briefly describe the organization's mission: TO ESTABLISH REPRESENTATIVE GOVERNMENT AND IMPROVE THE STUDENT LIFE BY PROMOTING STUDENT INTELLECTUAL, CULTURA AND SOCIAL WELL BEING.		OF SICAL,	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.			X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services of "Yes," describe these changes on Schedule O.	?	└─ Yes	X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount o allocations to others, the total expenses, and revenue, if any, for each program service reported.	-		
4a	(Code:) (Expenses \$ 2,161,246. including grants of \$) (FINTERCOLLEGIATE ATHLETICS - SUPPORTS THE ATHLETIC PROGRAMIVERSITY AND PROVIDES SCHOLARSHIPS TO STUDENT ATHLETE	RAMS OF	2,337, THE	534.
4b	(Code:) (Expenses \$ 40,507 • including grants of \$) (F STUDENT GOVERNMENT - PROVIDES SUPPORT TO THE STUDENT BOUTS STUDENT CLUBS AND ORGANIZATIONS ON CAMPUS •	Revenue \$	-	507.)
4c	(Code:) (Expenses \$ 183,821 • including grants of \$)(F	Revenue \$	183,	821.)
	STUDENT SERVICES - PROVIDES FUNDING SUPPORT TO STUDENT ORGANIZATIONS ON CAMPUS FOR THEIR PROGRAMS AND ACTIVITI	CLUBS A	AND	

Other program services. (Describe in Schedule O.)

including grants of \$
\$ 2,385,574. (Expenses \$) (Revenue \$

4e Total program service expenses ► \$

Part IV | Checklist of Required Schedules

			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х				
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X			
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5					
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х			
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х			
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х				
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.						
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
•	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
•	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 						
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Х				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	12					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X			
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,						
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		х			
16	or entity located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Part II</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15					
10	located outside the United States? If "Yes," complete Schedule F, Part III	16		х			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	.0		 -			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines						
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х			
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X			

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Form 990 (2009)

Part IV | Checklist of Required Schedules (continued)

Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. Х column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Х Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a $\overline{\mathbf{x}}$ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? Х If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? Х If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY BAKERSFIELD

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V No Yes 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 8 U.S. Information Returns. Enter -0- if not applicable 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Х 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a Х provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal Х benefit contract? 7е X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? X 7g X For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings Х 8 at any time during the year? Sponsoring organizations maintaining donor advised funds. Х Did the organization make any taxable distributions under section 4966? 9a X Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

Form **990** (2009)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 27	<u>'</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	37	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		٦,	
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		\ ₃₇	
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4-	v	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	_^	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
h	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	IUa		
b	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	100	<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
.0	public inspection. Indicate how you make these available. Check all that apply.	, 101		
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
13	statements available to the public.	nu III lä	uiolai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:	•	
20	SUZANNE C. MULLER - 661-654-2437	itiOi1.	_	
	9001 STOCKDALE HIGHWAY, BAKERSFIELD, CA 93311			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not c	·	y cu	III CII			, unt	COLC	ľ	/E\	(E)
(A) Name and Title	(B) Average			ر Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours	(ct				' app	olv)	compensation	compensation	amount of
	per					Γ	ĺ	from	from related	other
	week	direct				- -		the	organizations	compensation
		tee or	ıstee			ensate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		al frus	nal tri		loyee	omp		(***-2/1099-141130)		and related
		ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
		٥	Ë	ъ	<u> </u>	= e	8			
ALI ZANIAL EXEC. VICE PRESIDENT	10.00	x		x				3,740.	0.	144.
JASMINE BANUELOS	10.00	Λ		Δ				3,740.	0.	144.
DIRECTOR, UPPER DIVISION	10.00	X						2,985.	0.	0.
STEPHEN MUCHINYI	10.00							2,505.	0.	
PRESIDENT	10.00	х		x				6,875.	0.	144.
JESUS PEREZ	10.00							0,0131	•	
CHAIRMAN	0.10	х						0.	0.	0.
NANCY SOLIS										
VICE PRESIDENT-PROGRAMMI	10.00	х		Х				3,525.	0.	144.
LAUREN GOODSI										
DIRECTOR, HUMANITIES & S	0.10	Х						0.	0.	0.
EVABELEN VENTURA										
DIRECTOR, HUMANITIES & S	0.10	Х						0.	0.	0.
SHANDA STACEY								_	_	_
DIRECTOR, BPA	0.10	Х						0.	0.	0.
JUAN SOTO	0 10									0
DIRECTOR, BPA	0.10	Х						0.	0.	0.
MICHAEL MAGANA	0 10	7.							0.	0
DIRECTOR, GENERAL STUDIE EDUARDO VARGAS	0.10	Х						0.	0.	0.
DIRECTOR, LOWER DIVISION	0.10	x						0.	0.	0.
EMILY SCHNELL	0.10							0.	0.	
DIRECTOR, LOWER DIVISION	0.10	х						0.	0.	0.
MARIA CARLOS	0.120									
DIRECTOR, UPPER DIVISION	0.10	х						0.	0.	0.
BRENDA DOMINGUEZ										
DIRECTOR, UPPER DIVISION	0.10	Х						0.	0.	0.
ZANDRE AZOGUE										
DIRECTOR, UPPER DIVISION	0.10	Х	L	L	L	L	L	0.	0.	0.
MARINA AVALOS-KEGLEY										
STUDENT ACTIVITIES LIAIS	0.10	Х						0.	52,402.	0.
MORGAN ESSERT										_
ALUMNI ASSOC LIAISON	0.10	X						0.	18,475.	0.

932007 02-04-10

D 17(1)													<u> </u>
Part VII Section A. Officers, Directors, Tru	stees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average			Pos	itior	1		Reportable	Reportable		Es	stimate	∍d
	hours	(c	heck	k all	that	app	oly)	compensation	compensatio	n	ar	nount	of
	per	tor						from	from related			other	
	week	direc				p		the	organization			pensa	
		ee or	stee			nsate		organization	(W-2/1099-MIS	SC)		om th	
		trust	al tru		yee	mpe		(W-2/1099-MISC)			_ ~	anizat	
		Individual trustee or director	Institutional trustee	-i-	old ma	est co oyee	<u>Б</u>					d relat anizati	
		Indiv	Instit	Officer	Key employee	Highest compensated employee	Former				l org	arıızatı	0115
DR. CHANDRA COMMURI													
ACADEMIC SENATE LIASION	0.10	x						0.	83,39	94.			0
ERIKA MADRIGAL		∺						•	00,01				<u> </u>
VICE PRESIDENT-FINANCE	10.00	x		х				3,525.		0.		1	44
RUTH LEON	10.00			- 22				3,323.		0.			
								1	11				
VICE PRESIDENT-EXTERNAL	10.00	Х		Х			_	3,525.		0.			44
JOSEPH ELY	10 00	7.						1 200		0.			Λ
ANTELOPE VALLEY LIAISON	10.00	Х						1,200.		0.			0
MAUREEN CARAGAO	0 10	7.								^			Λ
DIR-GREEK LIAISON	0.10	Х						0.		0.			0
TONI STAIB	0 10									_			^
UPPER DIVISION DIRECTOR	0.10	Х						0.		0.			0
MEGHAN HAVERSACH	0 10	١								_			_
GRADUATE DIRECTOR	0.10	Х						0.		0.			0
STEPHEN WARD										_			_
GRADUATE DIRECTOR	0.10	Х						0.		0.			0
KERINN FIELDS													
DIRECTOR, SAAC LIASION	0.10	Х						0.		0.			0
AHMAD RAFAH													
DIRECTOR, NATURAL SCI &	0.10	Х						0.		0.			0
1b Total								25,375.	636,34	<u> 11.</u>		4,1	64
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bove	e) wl	ho re	eceived more than \$100	0,000 in reportabl	е			
compensation from the organization													
												Yes	No
3 Did the organization list any former officer,			, ke	y en	nplo	yee,	or h	nighest compensated er	mployee on		_		77
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su	•							•	the organization			v	
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a	-				-			-			_		v
the organization? If "Yes," complete Schedu	ule J for such	pers	on .								5		X
Section B. Independent Contractors		-l					4	h at a si al a the a	\$100,000 of com		-4:	·	
Complete this table for your five highest contact the organization. NONE	mpensated in	uepe	enae	ent c	onti	racto	ors t	nat received more than	\$100,000 of con	ipens	ation	irom	
und digamization							\neg	(D)	1				
(A) Name and business	address							(B) Description of s	services	C		C) nsatio	n
							\dashv	Восоприон о	751 71000		, citipo	- Iourio	
							_						
							_						
							寸						
							一						
2 Total number of independent contractors (in	ncluding but r	ot li	mite	d to	tho	se li	sted	above) who received n	nore than				
\$100,000 in compensation from the organiz	ration -				(0							

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

	rt VII	Statement of Revenue	KLIKDI ILLI			77 0233	l rage o
Fa	ic VII	Statement of nevenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f					
		STUDENT FEES	Business Code 611710	2561263.	2561263.		
Program Service Revenue	c d e f	All other program service revenue					
\rightarrow	g	Total. Add lines 2a-2f		2561263.			
	3 4 5	Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p Royalties	roceeds	9,057.			9,057.
	b c	Gross Rents Less: rental expenses Rental income or (loss)	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses (i) Securities	(ii) Other				
	d	Gain or (loss) Net gain or (loss) Gross income from fundraising events (not	>				
Other Revenue	b	including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
-		` '					
		Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b					
	С	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a	>				
		Less: cost of goods soldb Net income or (loss) from sales of inventory					
	11 a b	Miscellaneous Revenue MISCELLANEOUS	Business Code 611710	599.	599.		
	c d e	All other revenue Total. Add lines 11a-11d		599.			
	12	Total revenue. See instructions.		2570919.	2561862.	0.	9,057.
93200 02-04-			······				Form 990 (2009)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl	ete column (A) but are		ete columns (B), (C), and	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	93,646.		93,646.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	INTERCOLLEGIATE ATHLETI	2,161,246.	2,161,246.		
b	STUDENT SERVICES	183,821.	183,821.		
c	GENERAL & ADMINISTRATIV	137,236.	, -	137,236.	
d	STUDENT GOVERNMENT	40,507.	40,507.	,	
e		,	,		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,616,456.	2,385,574.	230,882.	0.
26	Joint costs. Check here if following			,	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	0.02-04-10			I	Form 990 (2009)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,081,451.	2	1,034,661.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			95,053.	4	35,178.
	5	Receivables from current and former officers, d	irectors, tr	ustees, key			
		employees, and highest compensated employe	es. Compl	ete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined u	nder section			
		4958(f)(1)) and persons described in section 49	58(c)(3)(B).	. Complete			
		Part II of Schedule L				6	
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use	·····		8	44.000	
٩	9	Prepaid expenses and deferred charges			9	14,000.	
	10a	Land, buildings, and equipment: cost or other		000 040			
		basis. Complete Part VI of Schedule D	10a	220,843. 93,201.	45 400		105 640
	b	1			45,123.	10c	127,642.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		1 001 607	15	1 011 401	
	16	Total assets. Add lines 1 through 15 (must equ			1,221,627.	16	1,211,481.
	17	Accounts payable and accrued expenses		113,372. 110,989.	17	243,669. 16,083.	
	18	Grants payable			110,989.	18	10,003.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ies	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, directo					
Lia		highest compensated employees, and disqualif					
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrel				23 24	
	24 25	Unsecured notes and loans payable to unrelate				25	
	26	Other liabilities. Complete Part X of Schedule D			224,361.	26	259,752.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check h	oro 🕨	X and complete	221,301.	20	233,132.
S		lines 27 through 29, and lines 33 and 34.	ere 🚩 L	and complete			
č	27	Unrestricted net assets			997,266.	27	951,729.
alar	28	Temporarily restricted net assets			33,72000	28	3327.231
Ä	29					29	
Ĕ	23	Organizations that do not follow SFAS 117, or				20	
ъ.		complete lines 30 through 34.		unu			
ts c	30	Capital stock or trust principal, or current funds			30		
sse	31	Paid-in or capital surplus, or land, building, or ea				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ž	33	Total net assets or fund balances			997,266.	33	951,729.
	34	T			1,221,627.	34	1,211,481.
					•		

orm 990 (2009)	UNIVERSITY	BAKERSFIELD	
Dort VI Financia	ol Ctatamanta and Dana	udin a	

	- Triansolar Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

2009

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

ASSOCIATED STUDENTS CALIFORNIA STATE

UNIVERSITY BAKERSFIELD

Employer identification number 77-0293800

Pa	irt i	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	:.) See inst	tructions.				
Γhe	organ	ization is not a	private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)					
1		A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hospi	tal service organization o	described	in section	170(b)(1)	A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospita	's nam	ne,
		city, and state	e:										
5	X			benefit of a college or ur	niversity ov	vned or or	perated by	a governi	mental uni	t describ	ed in		
_			(b)(1)(A)(iv). (Comple		,		,	Ü					
6				ent or governmental unit	t describe	d in sectio	n 170(h)(1)(Δ)(_V)					
7		•	,	eives a substantial part					or from the	general	nublic desc	rihed i	in
•			b)(1)(A)(vi). (Comple		or ito oupp	01111011114	govornine	intal armi c		goriorar	pasiio acco	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••
8				ection 170(b)(1)(A)(vi). (Complete	Part II \							
9	一			eives: (1) more than 33 1			rom contri	hutions m	nemhershi	n fees ar	nd arnes re	ceints	from
Ŭ		•	•	nctions - subject to certa							•	•	
			•	axable income (less sect	•	,	•				•		
			509(a)(2). (Complete	,	.ioii o i i ta	<i>x</i>) 110111 bu	311103303 6	loquiled b	y tric orga	inzation	arter durie t	JO, 137	0.
10				perated exclusively to te	et for nubl	ic safety 9	Saa cac tio	n 500(a)(4	1)				
11	П	•	•	perated exclusively for the	•	•			•	v out the	nurnosas (of one	or
••		J		tions described in section		′ '		,		,			Oi
				organization and comple				.). Oee sec	, tion 503(a)(0). One	ECK LITE DOX	ulai	
		a Type I		7 -		e III - Func		earsted		d 🗀	Type III - 0	Other	
е		• •		t the organization is not			-	-	r more disc				ın
·		, ,	, ,	han one or more publicly		,	,	•		•	•		
f				ten determination from t						λ(α)(1) Οι	30000011300	/(α)(∠).	
•		ū	ganization, check th			•							
-				nis box organization accepted ar									
g		-		irectly controls, either al			•					Yes	No
				upported organization?								103	110
				described in (i) above?									
				person described in (i) of									
h				about the supported or							[119(111)	l	Ь
		1 Tovide the id	Silowing information	about the supported of	garnzation	(3).							
/!!	Nama	a f a	(!!) FIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) ls	the	(re!!) A		
(1,		of supported inization	(ii) EIN	organization	in col. (i) lis		organizat		organizatio	n in col.	(vii) Ar	port	1
	orgo	mzation		(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	(i) organizi U.S.	.? " ""	oup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No			
				, ,,									
	al												

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

77-0293800 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Se	ction A. Public Support		, , ,					
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	,,	
	membership fees received. (Do not							
	include any "unusual grants.")	1,581,007.	2,020,028.	2,241,601.	2,417,314.	2,621,138.	10,881,088.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1,581,007.	2,020,028.	2,241,601.	2,417,314.	2,621,138.	10,881,088.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
	Public support. Subtract line 5 from line 4.						10,881,088.	
	ction B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	Amounts from line 4	1,581,007.	2,020,028.	2,241,601.	2,417,314.	2,621,138.	10,881,088.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	11 500	27 601	05 401	20 622	0 057	100 200	
_	and income from similar sources	11,580.	37,691.	85,421.	38,633.	9,057.	182,382.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital	28,500.		230.	955.	599.	30,284.	
	assets (Explain in Part IV.)	20,300.		230.	933.	333.	11,093,754.	
	Total support. Add lines 7 through 10	-t- / it				40	11,093,734.	
	Gross receipts from related activities, First five years. If the Form 990 is for	•	,	d fourth or fifth to		12 n 501(a)(2)		
13	organization, check this box and stor				-	. , . ,	ightharpoonup	
Se	ction C. Computation of Publ		rcentage	• • • • • • • • • • • • • • • • • • • •			············	
	Public support percentage for 2009 (l		<u>-</u>	olumn (f))		14	98.08 %	
	Public support percentage from 2008		•	* * * * * * * * * * * * * * * * * * * *		15	97.65 %	
	33 1/3% support test - 2009. If the o							
	stop here. The organization qualifies							
b	33 1/3% support test - 2008.If the o							
	and stop here. The organization qual	-					▶ □	
17a							or more.	
	7a 10% -facts-and-circumstances test - 2009.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization							
	meets the "facts-and-circumstances"						•	
b	10% -facts-and-circumstances tes						10% or	
-	more, and if the organization meets the	_						
	organization meets the "facts-and-circ				-		ightharpoons	
18	Private foundation. If the organization			· ·			s	
			,	, , , 5 7 6	,			

Pa	edule A (Form 990 or 990-EZ) 2009 ort III Support Schedule for O	rganizations	Described in	Section 509(a)(2) (Complete onl	y if you checked the b	Page 3 ox on line 9 of Part I.
	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
_	ction B. Total Support	() 0005	T #3.000		T , n	1 (1000	1 (0
	endar year (or fiscal year beginning in) Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	· ·			•	. , . ,	zation,
Sec	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2009 (lin			column (f))		15	%
	Public support percentage from 2008					16	
	ction D. Computation of Inves					1.0	,,,
17	Investment income percentage for 200 Investment income percentage from 2	09 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17 18	%
19a	33 1/3% support tests - 2009. If the of more than 33 1/3%, check this box an 33 1/3% support tests - 2008. If the of line 18 is not more than 33 1/3%, check	organization did r d stop here. The organization did r	not check the box organization qual not check a box or	on line 14, and ling ifies as a publicly s In line 14 or line 19	e 15 is more than supported organiz a, and line 16 is n	33 1/3%, and line zation	17 is not and
	13 13 1131 11313 triair 00 1/0/0, 01160	and box and 31	ap noise inconge	quaimes	as a pasifoly supp	on tod organization	············ ~ =

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization ASSOCIATED STUDENTS CALIFORNIA STATE

Employer identification number 77-0293800

organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate value at end of year 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the banefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization of the tat apopty). Preservation of the attural habitat provision in the form of a conservation assement on the last day of the tax year. 2 Complete lines 2a through 2d if the organization held a qualified conservation or ontituding in the form of a conservation easement in the last day of the tax year. 2 Total number of conservation easements in coulded in (c) acquired after 6/17/06 8 Number of conservation easements included in (c) acquired after 6/17/06 9 Number of conservation easements included in (c) acquired after 6/17/06 9 Los organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in locks? 8 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Part III Organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in the organization easements and balance sheet works of	Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
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Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? I yes No I no Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1	5			
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Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part X				
and section 170(h)(4)(B)(ii)?				
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the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1	2			
a Revenues included in Form 990, Part VIII, line 1	-	-		J , F
	а			> \$
	b			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. $\frac{932051}{02-01-10}$

Schedule D (Form 990) 2009

chedule D (Form 990) 2009	UNIVERSITY	BAKERSFIE	ELD	
	ASSOCIATED	STUDENTS	CALIFORNIA	ST

Pai	rt III Organizations Maintaining C	ollections of Art,	, Historical Tı	reasures, or	Other 9	Similar Ass	ets (continued)
3	Using the organization's acquisition, accession	on, and other records,	check any of the	following that a	are a signi	ficant use of it	s collection items
	(check all that apply):						
а	Public exhibition d Loan or exchange programs						
b	Scholarly research	е	Other				
С							
4	Provide a description of the organization's co	llections and explain I	how thev further t	the organization	n's exemp	t purpose in P	art XIV.
5	During the year, did the organization solicit or						
	to be sold to raise funds rather than to be ma		•	•			Yes No
Pai	rt IV Escrow and Custodial Arrang						e 9, or
	reported an amount on Form 990, Par		Ü			,	,
1a	Is the organization an agent, trustee, custodia	an or other intermedia	rv for contribution	ns or other asse	ets not inc	luded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIV a						
	, ,	!	J				Amount
С	Beginning balance					1c	
	Additions during the year					1d	
e	Distributions during the year					1e	
f	Ending balance					1f	
2а	Did the organization include an amount on Fo						Yes No
	If "Yes," explain the arrangement in Part XIV.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • • • • • • • • • • • • • • • •				
	rt V Endowment Funds. Complete if	the organization answ	wered "Yes" to Fo	orm 990. Part IV	/. line 10.		
		(a) Current year	(b) Prior year	(c) Two years		Three years bac	k (e) Four years back
1a	Beginning of year balance	(a) carrerie year	(b) i noi your	(6)	(4)	····	(6)
h	Contributions						
c	Net investment earnings, gains, and losses						
4	Grants or scholarships						
u _	Other expenditures for facilities						
·	and programs						
f	Administrative expenses						
'							
g 2	Provide the estimated percentage of the year	ond balance hold as:					
			%				
a		<u> </u>	70				
b							
32	Are there endowment funds not in the posses	-	ion that are hold a	and administoro	d for the	organization	
Ja		331011 Of the organizati	ion that are new a	and administere	a loi tile t	organization	Yes No
	by: (i) unrelated organizations						
	(i) unrelated organizations						0 (")
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	listed as required on					
<i>1</i>	Describe in Part XIV the intended uses of the						30
Par	rt VI Investments - Land, Building) Part Y line 10	1		
	Description of investment	(a) Cost or oth		t or other	(c) Accu	mulated	(d) Book value
	Description of investment	basis (investme		(other)	depred	I .	(u) book value
10	Land	`	,	(50.101)	доргос		
_	Land			14,455.	1	5,182.	29,273
b	9		 	,		5,102.	27,213
_	1			37,371.	7	8,019.	9,352
d				39,017.		<u> </u>	89,017
e	Other						127,642
rota	II. Add lines Ta through 1e. (Column (a) must ed	_J uai Foiiii 990, Part X,	Columni (B), line	1 U(C).)		P	141,044

	BAKERSFIELD		77 –	0293800	Page 3
Part VII Investments - Other Securities. Se	ee Form 990, Part X, line	e 12.			
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuati		
Financial derivatives					
Closely-held equity interests					
Other_					
Total (Col.(h) must squal Form 000, Part V sol (P) line 12.)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related. S	oo Form 000 Part V lir	20.13			
		10.	(c) Method of valuati	on:	
(a) Description of investment type	(b) Book value	Co	st or end-of-year mark		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, line	± 15.				
, ,	Description			(b) Book va	lue
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15.)		>		
Part X Other Liabilities. See Form 990, Part X,	line 25.				
1. (a) Description of liability		(b) Amount			
Federal income taxes					
			-		
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25.)				

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

1 2 3 4 5 6 7 8 9 10 venue pe	atement	2,570,919. 2,616,456. -45,537.
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Schedule D (Form 990) 2009

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

ASSOCIATED STUDENTS CALIFORNIA STATE

UNIVERSITY BAKERSFIELD

Employer identification number 77-0293800

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown of	B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
DR. HORACE MITCHELL (ii		0.	0. 62,000.	0.	0. 3,048.	0. 343,530.	0. 348,584.
		0.	02,000.	0.	0.	0.	0.
JOHN HULTSMAN (i		0.	0.	0.	396.	141,984.	127,224.
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SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

➤ See the Instructions for Form 990.

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY BAKERSFIELD

Employer Identification number 77-0293800

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (a) (a) (b) (c) (c) (d) (d) (e)	UNIVERSI									77-029	
Name and title Average hours per week JED BAAL DIRECTOR, NATURAL SCI & 0.10 X DANIEL BULLOCK ANTELOPE VALLEY COMMITTE ANTELOPE VALLEY COMMITTE SARTINA POWERS ANTELOPE VALLEY COMMITTE ANTELOPE VALLEY COMMITTE DIRECTOR, HOUSING O.10 X DR. HORACE MITCHELL UNIVERSITY PRESIDENT Jed Gull May approach of check all that apply) (check all that appl	Part I Continuation of Officers, D	rectors, Tr	ust	ees	s, K	(ey	Em	plo	yees, and Highes	t Compensated	Employees
hours per week hour		(B)									(F)
Per Week Per Week Per Week Per Per Week Per	Name and title										
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JED BAAL DIRECTOR, NATURAL SCI & 0.10 X			vidua	tution	Je.	empl	nest c	ner			
DIRECTOR, NATURAL SCI & 0.10 X			Indi	Insti	Offic	Key	High	Forr			
DANIEL BULLOCK ANTELOPE VALLEY COMMITTE 0.10 X 0. 0. 0. 0. SARINA POWERS ANTELOPE VALLEY COMMITTE 0.10 X 0. 0. 0. 0. PHILEMON NORRIS DIRECTOR, HOUSING 0.10 X 0. 0. 0. 0. 0. DR. HORACE MITCHELL UNIVERSITY PRESIDENT 2.50 X 0. 340,482. 3,048. JOHN HULTSMAN											
ANTELOPE VALLEY COMMITTE 0.10 X 0. 0. 0. SARINA POWERS ANTELOPE VALLEY COMMITTE 0.10 X 0. 0. 0. 0. PHILEMON NORRIS DIRECTOR, HOUSING 0.10 X 0. 0. 0. 0. 0. DR. HORACE MITCHELL UNIVERSITY PRESIDENT 2.50 X 0. 340,482. 3,048. JOHN HULTSMAN		0.10	Х						0.	0.	0.
SARINA POWERS ANTELOPE VALLEY COMMITTE 0.10 X 0. 0. 0. PHILEMON NORRIS DIRECTOR, HOUSING 0.10 X 0. 0. 0. DR. HORACE MITCHELL UNIVERSITY PRESIDENT 2.50 X 0. 340,482. 3,048. JOHN HULTSMAN											
ANTELOPE VALLEY COMMITTE 0.10 X 0. 0. 0. PHILEMON NORRIS DIRECTOR, HOUSING 0.10 X 0. 0. 0. 0. 0. DR. HORACE MITCHELL UNIVERSITY PRESIDENT 2.50 X 0. 340,482. 3,048. JOHN HULTSMAN		0.10	Х	L	L	L		L	0.	0.	0.
PHILEMON NORRIS DIRECTOR, HOUSING DR. HORACE MITCHELL UNIVERSITY PRESIDENT JOHN HULTSMAN 0. 0. 0. 0. 340,482. 3,048.											
DIRECTOR, HOUSING 0.10 X 0. 0. 0. DR. HORACE MITCHELL UNIVERSITY PRESIDENT 2.50 X 0. 340,482. 3,048. JOHN HULTSMAN		0.10	Х						0.	0.	0.
DR. HORACE MITCHELL UNIVERSITY PRESIDENT 2.50 X 0. 340,482. 3,048. JOHN HULTSMAN	PHILEMON NORRIS										
UNIVERSITY PRESIDENT 2.50 X 0. 340,482. 3,048. JOHN HULTSMAN		0.10	Х						0.	0.	0.
JOHN HULTSMAN											
	UNIVERSITY PRESIDENT	2.50			Х				0.	340,482.	3,048.
INTERIM V.P STUDENT AFFA 2.50 X 0. 141,588. 396.	JOHN HULTSMAN										
	INTERIM V.P STUDENT AFFA	2.50			Х				0.	141,588.	396.
				L	L	L	L	L			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY BAKERSFIELD

Employer identification number 77-0293800

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STUDENT INTELLECTUAL, CULTURAL, PHYSICAL, AND SOCIAL WELL BEING.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO SUBMISSION, THE CSUB

GENERAL ACCOUNTING STAFF CHECK AND VERIFY THE INFORMATION REPORTED IN THE

TAX RETURN FOR ACCURACY AND COMPLETENESS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ASI EXECUTIVE DIRECTOR MAKES

SURE THAT KEY OFFICERS OF THE ORGANIZATION HAVE AN ACCOMPLISHED CONFLICT OF

INTEREST FORMS ON FILE. THE FORMS ON FILE ARE REVIEWED ON A REGULAR BASIS

AND THE VENDORS WHO THEY DEAL WITH ARE MONITORED TO MAKE SURE THAT ASI IS

IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AT ALL TIMES.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTORS AND KEY

STAFF'S PERFORMANCE ARE EVALUATED YEARLY BY THE EXECUTIVE OFFICERS. SALARY

INCREASE RECOMMENDATIONS ARE REVIEWED AND APPROVED BY THE EXECUTIVE BOARD

MEMBERS.

FORM 990, PART VI, SECTION C, LINE 19: THE BY-LAWS, FINANCIAL STATEMENTS
AND CONFLICT OF INTEREST POLICY ARE POSTED ON THE ASI'S WEBSITE.

PART XI LINE 2C

THE AUDIT COMMITTEE IS TASKED TO REVIEW THE FINANCIAL STATEMENT AND TAX
RETURNS BEFORE THEY ARE FILED WITH THE APPROPRIATE FEDERAL AND STATE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

AUTHORITIES.

SCHEDULE O

Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization		STUDENTS CALIFO BAKERSFIELD	ORNIA STATE	Employer identification number 77-0293800
PART VII, SECTI	ON A, LINE	1		
BOARD OF DIRECT	ORS ADVISOR	Y MEMBERS		
NOT INCLUDED AR	E ONE OR MO	RE BOARD MEMBERS	S WHO ARE NON-V	OTING
EX-OFFICIO MEMB	ERS IN AN A	DVISORY POSITION	N THAT ARE NOT	REQUIRED TO BE
DISCLOSED.				

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

► See separate instructions.

2009
Open to Public Inspection

ASSOCIATED STUDENTS CALIFORNIA STATE Employer identification number Name of the organization 77-0293800 UNIVERSITY BAKERSFIELD Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part I (a) (b) (c) (d) (e) (f) Name, address, and EIN Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year.) (a) (b) (c) (d) (e) (f) Legal domicile (state or **Exempt Code** Public charity Direct controlling Name, address, and EIN Primary activity of related organization status (if section section entity foreign country) 501(c)(3)) CALIFORNIA STATE UNIVERSITY BAKERSFIELD -77-0314545 9001 STOCKDALE HIGHWAY 170(B)(1) 93311 BAKERSFIELD UNIVERSITY CALIFORNIA 501(C)(3) (A)(II) N/A CSUB - FOUNDATION - 95-2643086 9001 STOCKDALE HIGHWAY 170(B)(1) BAKERSFIELD CA 93311 CALIFORNIA 501(C)(3) (A)(II) UNIVERSITY ADVANCEMENT N/A CSUB - STUDENT UNION - 77-0375841 9001 STOCKDALE HIGHWAY 170(B)(1) BAKERSFIELD, CA 93311 STUDENT SERVICES CALIFORNIA 501(C)(3) (A)(II) N/A

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

	THE PERSON AND LOCAL COLUMN TO THE PERSON OF
Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related
raitiii	organizations treated as a partnership during the tax year.)
	organizations treated as a partitioning and tax year.

1	1 0 , ,									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(t	n)	(i)	(j)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	end-of-year _a		portion- cations?	amount in box 1	General or managing partner?
		country)		sections 512-514)			Yes	No		Yes No
										$\sqcup \!\!\!\! \perp$
Identification of Deleted On			T		- IV I t- F 0	00 David IV/ II:a- 04	1 1	:41		امماسات

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X		
b	Gift, grant, or capital contribution to other organization(s)	1b		X		
С	Gift, grant, or capital contribution from other organization(s)	1c		X		
d	Loans or loan guarantees to or for other organization(s)	1d		X		
е	Loans or loan guarantees by other organization(s)	1e		X		
f	Sale of assets to other organization(s)	1f		X		
g	Purchase of assets from other organization(s)	1g		Х		
	Exchange of assets	1h		Х		
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X		
j	Lease of facilities, equipment, or other assets from other organization(s)	<u>1j</u>		X		
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X		
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		Х		
n	n Sharing of facilities, equipment, mailing lists, or other assets	1m		X		
n Sharing of paid employees						
	Reimbursement paid to other organization for expenses	10		Х		
р	Reimbursement paid by other organization for expenses	1p		Х		
q	Other transfer of cash or property to other organization(s)	1q		X		
r	Other transfer of cash or property from other organization(s)	1r	X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					
	(a)(b)Name of other organization(s)Transaction type (a-r)	(o nount	:) involve	ed		
(1)	STUDENT FEES ASSESSED THROUGH CALIFORNIA STATE UNIVERSITY BAKERSFIELD R 2	2,56	1,2	63.		
(2)						
(2)						
(3)						
(0)						
(4)						
(5)						
(6)	27					

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)		(d) (e)		(1		(g)		h)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all properties and all properties are all prope	oartners 501(c)(3) ations?	Share of end-of- year assets	Dispropor- tionate allocations?		Disproportionate allocations? Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General or managing partner?	
		country)	Yes	No		Yes	No	(Form 1065)		No	
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Schedule R (Form 990) 2009

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

		,	J			
For calendar year 2009, or fiscal year beginning	${\tt JUL}$	1	, 2009, and ending	JUN	30	,20

10

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

▶ Do not send to the IRS. Keep for your records. ➤ See instructions.

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY BAKERSFIELD

Employer identification number

77-0293800

Name and title of officer

JOHN HULTSMAN

INTERIM VP STUDENT AFFAIRS

Part I	Type of Return and Return Information	(Whole Dollars Only
--------	---------------------------------------	---------------------

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2570919
2a	Form 990-EZ check here D D D Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's DIN shock one hay only

Officer 5 File. Check offe	DOX OITIY							
X I authorize DA	NIELLS	PHILLIPS	VAUGHAN ERO firm nam		BOCK		to enter my PIN	03009 Enter five numbers, but do not enter all zeros
is being filed wir enter my PIN or As an officer of indicated within	th a state age of the return's the organizati of this return th	ncy(ies) regulating disclosure conser on, I will enter my	g charities as par nt screen. PIN as my signa eturn is being file	t of ature	the IRS Fed e on the org ith a state a	of I have indicated within d/State program, I also a anization's tax year 2008 agency(ies) regulating ch	uthorize the afore 9 electronically file	mentioned ERO to
Officer's signature						Date >		
Part III Certifica	ation and A	Authentication	n					
ERO's EFIN/PIN. Enter ye	our six-digit El	IN followed by yo	our five-digit self-	sele	cted PIN.	7760189330	9	

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 03-02-10

Form **8879-EO** (2009)

TAXABLE YEAR

California Exempt Organization Annual Information Return

928941 12-31-09 FORM

2009

199

Calendar Year	2009 or fiscal year beginning month $JULY$ day 1 year 2009 , and ending month JV	UNE	day 30 year 2010.
A First Retur	n Filed? Yes B Type of organization Exempt under Section 23701 D (insert letter)	CORP	#
	X No IRC Section 4947(a)(1) trust	C1	603917
Corporation/Org	anization Name	FEIN	
ASSOCI	ATED STUDENTS CALIFORNIA STATE		
UNIVER	SITY BAKERSFIELD	77	-0293800
Address			
9001 S	TOCKDALE HIGHWAY		
City		State	ZIP Code
BAKERS	FIELD	CA	. 93311
C Amended R	sturn? Yes X No H Accounting method used (1)	Cas	ash (2) X Accrual (3) Other
D Are you a su	bordinate/affiliate in a group exemption? Yes X No		
(a) Is this	a group filing for affiliates? See General Instruction L	23701d, ha	as the organization
	"enter the number of affiliates during the year: (1) participated		
	affiliates included? (2) attempted to influence legisla or (3) made an election under Ra		
(If "No,	" attach a list. See instructions.) (relating to lobbying by public c		
(d) Is this a	separate return filed by an organization covered by a group ruling?		
		hanges in	its activities, governing instrument,
(f) Is a ros	ter of subordinates attached? Yes No articles of incorporation, or byla		
E Final return?	Franchise rax board? If res, (
• Dis	solved Surrendered (Withdrawn) K Is the organization exempt under	er R&TC Se	ection 23701g? ● Yes X No
• . Me	rged/Reorganized (attach explanation)	from nonmer	mber sources \$
If a box is ch	ecked, enter date • L Is the organization under audit to	by the IRS	or has the IRS
F Check the b	ox if the organization filed the following federal forms or schedule: audited in a prior year?		• Yes X No
(1)	990T (2) ● 990PF (3) ● (Schedule H) 990 M Is the organization a Limited Lia	ability Com	npany? • Yes X No
	n is exempt under R&TC Section 23701d and is exclusively religious,	00 or Form	
contribution	or charitable, and is supported primarily (50% or more) by public s, check box. See General Instruction F. No filing fee is required.		• Yes X No
Part I	omplete Part I unless not required to file this form. See General Instructions B and C.		
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		1 2,570,919.00
	2 Gross dues and assessments from members and affiliates		2 00
	3 Gross contributions, gifts, grants, and similar amounts received		3 00
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.		
and	This line must be completed. If the result is less than \$25,000, see General Instruction C	●	4 2,570,919.00
Revenues	5 Cost of goods sold 5	00	
	6 Cost or other basis, and sales expenses of assets sold 6	00	
	7 Total costs. Add line 5 and line 6		7 00
	8 Total gross income. Subtract line 7 from line 4	●	8 2,570,919.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		9 2,616,456.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		10 -45,537.00
	11 Filing fee \$10 or \$25. See General Instruction F		11 10.00
Filing	12 Total payments		12 00
Fee	13 Penalties and Interest. See General Instruction J		13 00
100	14 Use tax. See General Instruction K		14 00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result		15 10.00
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has an	the best of ny knowled	f my knowledge and belief, lge.
Sign	I Title I Date		■ Telephone
Here			,
	Signature of officer ► INTERIM V.P. S		661-654-2287 • Preparer's SSN/PTIN
	Preparer's Check in		
	Preparer's signature self-em	ployed	P00235504
Paid	Firm's name		
Preparer's	or yours, if self-		95-2972229 • Telephone
Use Only	employed) 300 NEW STINE ROAD and address DAMED GREEN ROAD		'
	BAKERSFIELD, CA 93309		661-834-7411
	May the FTB discuss this return with the preparer shown above? See instructions	• <u>X</u>	Yes No

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY BAKERSFIELD

77-0293800

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

928951 11-19-09

		u 1 t 1	1 of furnish substitute information	1. 000	Opcome Line instructions	· <u> </u>					
		1	Gross sales or receipts from all b	usines	s activities. See instruction	ns		•	1		00
		2	Interest					•	2		9,057.00
		3	Dividends					•	3		00
Recei	pts	4	Gross rents					•	4		00
from		5	Gross royalties					•	5		00
Other		6	Gross amount received from sale	of as	sets (See instructions)			•	6		00
Sourc	es	7	Other income				SEE ST	ATEMENT 1 •	7	2	2,561,862. ₀₀
		8	Total gross sales or receipts from	n othe	r sources. Add line 1 throu	ıgh	line 7.				
			Enter here and on Side 1, Part I, I	line 1					8	2	2,570,919. ₀₀
		9	Contributions, gifts, grants, and s	similar	amounts paid			•	9		00
		10	Disbursements to or for member	s				•	10		00
		11	Compensation of officers, directo	rs, an	d trustees		SEE ST	ATEMENT 2 •	11		93,646.00
Exper	ises		Other salaries and wages						12		00
and		13	Interest					•	13		00
Disbu	rse-		Taxes						14		00
ments	3		Rents						15		00
		16	Depreciation and depletion (See i	instruc	tions)			•	16		00
		17	Other				SEE ST	ATEMENT 3 •	17		2,522,810.00
		18	Total expenses and disbursemen	ıts. Ad	d line 9 through line 17. Er	nter	here and on Side 1, Pa	art I, line 9	18		2,616,456. ₀₀
Sch	edul	e L	Balance Sheets		Beginning of tax	abl	e year	En	d of tax	kable	year
Asset	S				(a)		(b)	(c)			(d)
1 C	ash						1,081,451.			•	1,034,661.
2 N	et acc	ounts	receivable				95,053.			•	35,178.
3 N	et not	es rec	ceivable							•	
										•	
			state government obligations							•	
			in other bonds							•	
7 Ir	ivestn	nents	in stock							•	
			ans (number of loans)							•	
9 0	ther ir	ıvestr	nents							•	
10 a	Depr	eciab	le assets		128,641.			220,84			
b	Less	accu	mulated depreciation	(83,518.)		45,123.	93,201	.)		127,642.
11 L	and									•	
12 0	ther a	ssets	STMT 4							•	14,000.
13 T	otal as	sets					1,221,627.				1,211,481.
Liabil	ities a	ind n	et worth								
14 A			-				113,372.			•	243,669.
			s, gifts, or grants payable				110,989.			•	16,083.
			otes payable							•	
17 N	lortga	ges p	ayable							•	
	ther li										
19 C	apital	stock	or principle fund							•	
			tal surplus. Attach reconciliation							•	
21 R	etaine	d ear	nings or income fund				997,266.			•	951,729.
22 T	otal lia	bilitie	es and net worth				1,221,627.				1,211,481.
Sch	edul	le M	I-1 Reconciliation of income p Do not complete this sched				e 13, column (d), is les	s than \$25,000			
1 N	et inco	ome p	oer books		-45,537	7.					
2 F	ederal	incor	ne tax		•		7 Income recorded	on books this year			
			pital losses over capital gains		•		not included in th	nis return		•	
4 Ir	ncome	not r	ecorded on books this								
y	ear				•		8 Deductions in thi	s return not charged			
			corded on books this year not				against book inco	ome this year		•	
d	educte	ed in t	this return		•		9 Total. Add line 7	and line 8			
6 T							10 Net income per re	eturn.			
A	dd line	e 1 th	rough line 5		-45,537	7.	Subtract line 9 fro	om line 6			-45,537.

FORM 199 OTHER	RINCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
MISCELLANEOUS STUDENT FEES		5 2,561,2	99. 63.
TOTAL TO FORM 199, PART II, LINE 7		2,561,8	62.
FORM 199 COMPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT	2
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSAT	ION
ALI ZANIAL 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	EXEC. VICE PRESIDENT 10.00		0.
JASMINE BANUELOS 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, UPPER DIVISION 10.00		0.
STEPHEN MUCHINYI 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	PRESIDENT 10.00		0.
JESUS PEREZ 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	CHAIRMAN 0.10		0.
NANCY SOLIS 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	VICE PRESIDENT-PROGRAMMIN	r G	0.
LAUREN GOODSI 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, HUMANITIES & SO	С	0.
EVABELEN VENTURA 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, HUMANITIES & SO	С	0.
SHANDA STACEY 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, BPA 0.10		0.

ASSOCIATED STUDENTS CALIFORNIA STATE	UNI	77-0293800
JUAN SOTO 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, BPA 0.10	0.
MICHAEL MAGANA 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, GENERAL STUDIES 0.10	0.
EDUARDO VARGAS 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, LOWER DIVISION 0.10	0.
EMILY SCHNELL 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, LOWER DIVISION 0.10	0.
MARIA CARLOS 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, UPPER DIVISION 0.10	0.
BRENDA DOMINGUEZ 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, UPPER DIVISION 0.10	0.
ZANDRE AZOGUE 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, UPPER DIVISION 0.10	0.
MARINA AVALOS-KEGLEY 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	STUDENT ACTIVITIES LIAISON 0.10	0.
MORGAN ESSERT 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	ALUMNI ASSOC LIAISON 0.10	0.
DR. CHANDRA COMMURI 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	ACADEMIC SENATE LIASION 0.10	0.
ERIKA MADRIGAL 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	VICE PRESIDENT-FINANCE 10.00	0.
RUTH LEON 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	VICE PRESIDENT-EXTERNAL AF 10.00	0.
JOSEPH ELY 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	ANTELOPE VALLEY LIAISON 10.00	0.

ASSOCIATED STUDENTS CALIFORNIA STATI	E UNI	77-0293800
MAUREEN CARAGAO 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIR-GREEK LIAISON 0.10	0.
TONI STAIB 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	UPPER DIVISION DIRECTOR 0.10	0.
MEGHAN HAVERSACH 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	GRADUATE DIRECTOR 0.10	0.
STEPHEN WARD 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	GRADUATE DIRECTOR 0.10	0.
KERINN FIELDS 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, SAAC LIASION 0.10	0.
AHMAD RAFAH 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, NATURAL SCI & MA 0.10	0.
JED BAAL 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, NATURAL SCI & MA 0.10	0.
DANIEL BULLOCK 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	ANTELOPE VALLEY COMMITTEE 0.10	0.
SARINA POWERS 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	ANTELOPE VALLEY COMMITTEE 0.10	0.
PHILEMON NORRIS 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	DIRECTOR, HOUSING 0.10	0.
DR. HORACE MITCHELL 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	UNIVERSITY PRESIDENT 2.50	0.
JOHN HULTSMAN 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	INTERIM V.P STUDENT AFFAIR 2.50	0.
TOTAL TO FORM 199, PART II, LINE 11	_	0.

FORM 199	OTHER EXPENSES		STATEMENT 3
DESCRIPTION			AMOUNT
INTERCOLLEGIATE ATHLETI STUDENT SERVICES GENERAL & ADMINISTRATIV STUDENT GOVERNMENT			2,161,246. 183,821. 137,236. 40,507.
TOTAL TO FORM 199, PART II, LINE	17		2,522,810.
FORM 199	OTHER ASSETS		STATEMENT 4
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CH.	ARGES	0.	14,000.
TOTAL TO FORM 199, SCHEDULE L, L	INE 12	0.	14,000.

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 70359		Check if:				
ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY BAKERSFIELD		Change of address Amended report				
Name of Organization 9001 STOCKDALE HIGHWAY		Corporate or Organization No. C1603917				
Address (Number and Street)		Corporate or Organization No. C1603917				
BAKERSFIELD, CA 93311 City or Town, State and ZIP Code		Federal Employer I.D. No. 77-0293800				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts						
Gross Annual Revenue Fee	Gross Annual Revenue	Fee Gross Annual Revenue		<u>Fee</u>		
			Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$150 \$225 \$300		
PART A - ACTIVITIES						
For your most recent full accounting period (beginning $\frac{07/01/2009}{1,211,481}$ ending $\frac{06/30/2010}{1,211,481}$) list:						
PART B - STATEMENTS REGARDING ORGAN	NIZATION DURING THE PERIOD (OF THIS RE	PORT			
Note: If you answer "yes" to any of the ques and details for each "yes" response. F						
			Yes	No		
 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? 				х		
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?					х	
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?					Х	
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.					Х	
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.					Х	
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.					х	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.					х	
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.					х	
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?			х			
Organization's area code and telephone number 66	51-664-2418					
Organization's e-mail address						
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.						
·	N HULTSMAN		NTERIM V.P. TUDENT AFFA			
Signature of authorized officer Printed		Tit				